FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

1 5 2003 NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR DATE RECEIVED

OMB APPROVAL

IIFORM LIMITED OFFERING EXEMPTION Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Private Placement of Preferred Stock Filing Under (Check box(es) that apply): □ Rule 504 ✓ □ Rule 505 ☐ Section 4(6) □ ULOE **⊠** Rule 506 A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) ERTH Technologies, Inc. (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Executive Offices 7102 LaVista Place, Suite 200, Longmont, CO 80503 (303)652-3199 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Developer of technologies in environmental sector 03027129 Type of Business Organization limited partnership, already formed ☐ other (please specify): business trust ☐ limited partnership, to be formed Month Year 0 61 10131 Actual or Estimated Date of Incorporation or Organization: ■ Actual □ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada: FN for other foreign jurisdiction)

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for the sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A. BASIC IDEN	TIFICATION DATA				
2. Enter the information r	equested for the fo	llowing:					
		=	ect the vote or disposition of,	10% or more of a cla	ss of equity securities of the		
☐ Each executive offi	cer and director of	corporate issuers and of co	rporate general and managing	g partners of partners	ship issuers; and		
Each general and n	nanaging partner of	partnership issuers.					
Check Box(es) that Apply:	☑ Promoter	☑ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name (Last name first	, if individual):						
Hansson, Margaret S.							
Business or Residence Add		· · · · · · · · · · · · · · · · · · ·	le):				
7102 LaVista Place, S	uite 200, Longmon	nt, CO 80503					
Check Box(es) that Apply:	<del></del>	■ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first,	, if individual):						
Cornay, Paul J.							
Business or Residence Add	•	• •	e):				
7102 LaVista Place, S			<del></del>				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or  Managing Partner		
Full Name (Last name first, Muzzy, James W.	if individual):						
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e):		<del></del>		
7102 LaVista Place, Si	uite 200, Longmon	t, CO 80503					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, Cox, Mina M.	if individual):						
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e):				
7102 LaVista Place, St	zite 200, Longmon	t, CO 80503					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	E Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, Feinberg, Allyn S.	if individual):						
Business or Residence Addi	ress (Number and	Street, City, State, Zip Cod	e):				
7102 LaVista Place, Su							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if individual):			<del> </del>	85		
Ravine, Harris							
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code	e):				
7102 LaVista Place, Su	iite 200, Longmont	, CO 80503					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if individual):			<del></del>			
Stevenson, Mark							
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code	e):				
7102 LaVista Place, Su	ite 200, Longmont	, CO 80503					

Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Duckworth, Thomas					
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	le):		
77 Stone Gate Lane, L	ake Forest, IL 600	045			
		1	litional copies of this sheet, i	f necessary.)	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

				В. 1	NFORMA	TION ABO	OUT OFFE	RING				
1. Has th	e issuer sol	d, or does th	ne issuer int Answei			edited inves lumn 2, if fi						Yes No □ 🗷
2. What	is the minin	num investn	nent that wil	I be accept	ed from any	individual?				•••••		\$ 90,000
<ol> <li>What is the minimum investment that will be accepted from any individual?</li> <li>Does the offering permit joint ownership of a single unit?</li> </ol>									Yes No <b>⊭</b> □			
remun person than fi	eration for s or agent of	solicitation of a broker or ons to be list	ed for each p of purchaser dealer regist ed are assoc BLE.	s in connectered with the	tion with sal	les of securi	ties in the of ate or states,	fering. If a list the nam	person to be se of the bro	listed is an ker or deale	associated r. If more	
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	ssociated B	Broker or De	aler									
			s Solicited of individual S									☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[ HI ]	[ ID ]
[ IL ]	[ IN ]	[ ]A ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[ NJ ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ PA ]
[ RI ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[ WI ]	[WY]	[ PR ]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler									
States in W (Check	hich Person	n Listed Ha	s Solicited o	r Intends to	Solicit Pur	rchasers						☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[ FL ]	[GA]	[ HI ]	[ ID ]
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[MT]	[NE]	[NV]	[NH]	[ NJ ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[ RI ]	[SC]	[ SD ]	[TN]	[ TX ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ PR ]
Full Name	(Last name	first, if indi	vidual)					<del></del>			·	
Business or	r Residence	Address (N	Number and	Street, City	, State, Zip	Code)						
Name of A	ssociated Br	roker or De	aler	····			<del> </del>					
			Solicited o									□ All States
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[IL]	[ IN ]	[ IA ]	[KS]	[CA] [KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[ HI ] [MS]	[MO]
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[RI]	[SC]	[SD]	[TN]	[TX]	[[[]T]	[VT]	[VA]	[WA]	(WV)	וזשו	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	☐ Common 🗵 Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests		\$
	Other (Specify)		\$
	Answer also in Appendix, Column 3, if filing under ULOE.	\$340,000	\$ 340,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$340,000
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees.		\$ 41,254
	Accounting Fees		\$\$
	Engineering Fees		\$ \$
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)		\$
	Total		Φ
	10(a)	△	\$ <u>41,254</u>

	C. OFFERING PR	CE, NUMBER OF INVESTORS, EXPENSES AN	D US	E OF PROCEED	S		
	total expenses furnished in response to P	regate offering price given in response to Part C - Que art C - Question 4.a. This difference in the "adjusted g	gross			\$	<u> 298,746</u>
5.	used for each of the purposes shown. If the estimate and check the box to the left of the	I gross proceeds to the issuer used or proposed to be he amount for any purpose is not known, furnish an he estimate. The total of the payments listed must ssuer set forth in response to Part C – Question 4.b.					
				Payments to Officers, Directors, & Affiliates		Pa	syments To Others
	Salaries and Fees			\$		\$	Omers
				\$		\$	
	Purchase, rental or leasing and install	ation of machinery and equipment		\$			
		ings and facilities		\$			
	that may be used in exchange for the	ding the value of securities involved in this offering assets or securities of another issuer pursuant to a		\$		\$	
	0 /			\$		\$	
	Working capital			\$	×	\$	298,746
	Other (specify):						
						\$	
				\$	X	\$	<u>298,746</u>
	Total Payments Listed (column totals	added)		፟ \$	<u> 298</u>	3,7 <u>46</u>	
		D. FEDERAL SIGNATURE					
gn	ature constitutes an undertaking by the iss	gned by the undersigned duly authorized person. If a super to furnish to the U.S. Securities and Exchange C accredited investor pursuant to paragraph (b)(2) of Ru	omm	ission, upon writte			
ssu	er (Print or Type) ERTH Technologies, Inc.	Signature AWW/WWW	Date Ju	ly 9, 2003			
	ne of Signer (Print or Type) James W. Muzzy	Title of Signer (Print or Type)  Chief Executive Officer			<u> </u>		
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## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)